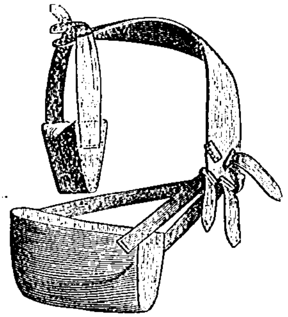
cally producing each other. We also know that sometimes the two diseases prevail, as concomitant epidemics, beginning at the same time, or nearly so, keeping pace with each other, and terminating simultaneously. Dr. Gordon, of Aberdeen, long since observed these facts. And what practical lesson shall we draw from them? Whenever a physician is attending upon a case of erysipelas or puerperal fever, in the language of Dr. Watson, "he should use the most diligent ablutions; he should even wash his hands with some disinfecting fluid—a weak solution of chlorine; he should avoid going in the same dress to any other of his midwifery patients; in short, he should take all those precautions which, when the danger is understood, common sense will suggest, against his clothes or his body becoming a vehicle of contagion and death between him and his patients. * * * * *Should these precautions all prove insufficient, the practitioner is bound, in honour and conscience, to abandon, for a season, his vocation.*"

Art. X.—*Apparatus for the Treatment of Fractures of the Clavicle.* By Richard J. Levis, M. D., of Philadelphia. (With three wood-cuts.)

The indications of treatment of fracture of the clavicle require an apparatus which will restore the outer fragment to the original line of continuity of the bone, by restoring to the shoulder that support which the sound bone had given to it. The direction of that support is in the natural line of the clavicle, upward, backward, and outward.

Fig. 1.



If the shoulder, and with it the outer fragment, be thus supported, the tendency to displacement, with the exception of the slighter lateral displacing causes, will be overcome. An apparatus fulfilling these indications should also be capable of steadily retaining its position without disposition to slip or yield; comfortable during a protracted confinement of the shoulder and limb; applicable to varied circumstances of fracture, and simple in its construction.

In the accompanying cuts is shown an apparatus so arranged as to answer these requirements, and which the writer, after several instances of its application, believes to be more effectual and convenient than any which he has heretofore used.

It consists of a short, firm pad in the axilla, by which the shoulder is held from the side, and over which, as a fulcrum, the elbow is drawn to the side. To the front and back of the axillary pad are fastened straps, which pass directly upwards, and are buckled to a wide main supporting band, which passes from the shoulder across the upper part of the back, and over the shoulder of the sound side, and terminates on the front of the chest.

By this means the shoulder is supported, and the pad immovably held high in the axilla, where its pressure can be more conveniently borne than when its widest part compresses the brachial nerves and vessels lower down; besides, a better leverage is thus given to the arm over the pad.

Fig. 2.

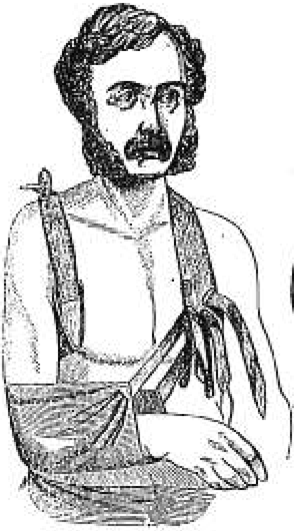
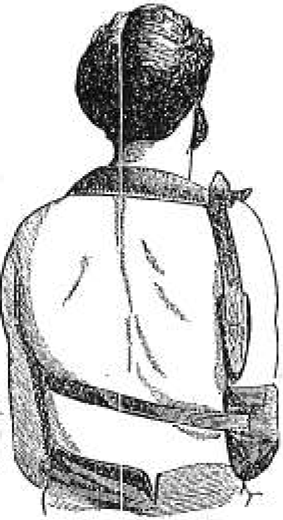


Fig. 3.



To the front end of the wide supporting band is suspended a sling, by which the elbow is supported. On the back of the sling, at a short distance above the point of the elbow, a strap is attached, which passes obliquely across the back, and, coming in front, is buckled to the main supporting band. The action of this strap is to draw the elbow to the side, at the same time supporting it, and its opposite attachment in front prevents the tendency of the wide band to ride upward and press uncomfortably on the superficial vessels of the neck.

By this combination, united so as to form one continuous piece, requiring no extra bandage over it, the shoulder is firmly held in the proper direction without any risk of yielding or slipping of the apparatus, and so secure that the most restless patient cannot disarrange it.

In adjusting the apparatus, the arm is passed through the opening above the pad, the wide band thrown across the opposite shoulder, the elbow placed in the sling, and the long strap attached to the back of the sling brought round in front.

In removing it from the patient, it is only requisite to loosen the long back strap which draws in the elbow, by unbuckling it at its front attachment. The other straps need never be removed from the buckles.

The extra buckle, which will be noticed at the front end of the wide supporting band, comes into use when the apparatus is reversed for the opposite shoulder.

The apparatus may be made of any strong material, as webbing, drilling, or soft leather. The width of the wide band should be from two to four inches. The straps which press upon the surface were slightly padded in the apparatus as the writer has used it, but this may not always be essential, and temporary pads might be placed if the pressure should become anywhere uncomfortable. Thus constructed, it can be very speedily prepared at an emergency, and buttons and button-holes might even take the place of buckles.

The limited opportunities of the writer have not given very many occasions for the application of the apparatus, but its use was in those cases so satisfactory as to induce him to offer a notice of it, feeling the value of any improvement in the treatment of a fracture acknowledged to be more frequent, more difficult of retaining a correct apposition, and more generally followed by deformity than any other.